

United States Bankruptcy Court
Southern District of Mississippi

In re **DANIEL P HOLMES**Case No. **04-05818 JEE**

Debtor

Chapter **7**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	1,000.00		
B - Personal Property	Yes	3	18,007.50		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		17,000.00	
E - Creditors Holding Unsecured Priority Claims	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		17,595.76	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			3,249.23
J - Current Expenditures of Individual Debtor(s)	Yes	1			3,341.67
Total Number of Sheets of ALL Schedules		14			
			Total Assets	19,007.50	
				Total Liabilities	34,595.76

In re **DANIEL P HOLMES**Case No. 04-05818 JEE

Debtor

AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. xxxxxx3561						
**Healthcare Billing P.O. Box 1081 Monroe, LA 71210-1081		-				2,350.40
Account No.						
**MedLife EMS 1917 E. Madison Ave. Bastrop, LA 71220-4069		-				565.00
Account No. xx0345						
**Radiology Associates 1601 Lamy Lane Monroe, LA 71201-3735		-				266.00
Account No. xxxx9846						
**St. Francis Emergency Group 900 Oakmont Lane, Suite 200 Westmont, IL 60559		-				272.00
2 continuation sheets attached			Subtotal (Total of this page)			3,453.40

In re **DANIEL P HOLMES**Case No. **04-05818 JEE**

Debtor

AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
AMERICAN EXPRESS % NCO GROUP PO BOX 41747 PHILADELPHIA, PA 19101		-				743.87
Account No.						
CINGULAR WIRELESS % NCO FINANCIAL SYSTEMS PO BOX 41457 PHILADELPHIA, PA 19101-1457		-				1,109.03
Account No. 7001191100465799						
HOUSEHOLD BANK/BEST BUY PO BOX 81622 SALINAS, CA 93912-1622		-				714.09
Account No.						
MAGAZINE FULFILLMENT CTR PO BOX 434 BRIDGEVILLE, PA 15017		-				87.36
Account No.		DEFICIENCY ON BOAT				
MERCHANTS & FARMERS BANK % HENLEY LOTTERHOS HENLEY PO BOX 389 JACKSON, MS 39205		-				5,613.34
Sheet no. 1 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			8,267.69

In re **DANIEL P HOLMES**Case No. **04-05818 JEE**

Debtor

AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	UN L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No.						
PACIFIC PHYSICIANS SVC		-				250.00
Account No.						
PARVEEN ATHAR MD 730 RIDGEWOOD RD STE B RIDGELEND, MS 39157		-				200.00
Account No. 15624813						
PROVIDIAN % ARROW FINANCIAL 5996 W TOUHY AVE NILES, IL 60714		-				4,820.28
Account No.						
RUTH FREDRICKS MD 1020 RIVER OAKS DR FLOWOOD, MS 39208		-				190.00
Account No.						
SOUTHERN DIAGNOSTIC IMAGING 1037 N FLOWOOD DR FLOWOOD, MS 39232		-				414.39
Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			5,874.67
			Total (Report on Summary of Schedules)			17,595.76

In re **DANIEL P HOLMES**Case No. **04-05818 JEE**

Debtor(s)

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
Married	None.	
EMPLOYMENT	DEBTOR	SPOUSE
Occupation		
Name of Employer	**Raytheon Company	
How long employed		
Address of Employer	P.O. Box 7000 Greenville, TX 75403-7000	

INCOME: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)

Estimated monthly overtime

DEBTOR	SPOUSE
\$ <u>3,149.25</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ 3,149.25	\$ 0.00

SUBTOTAL

LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify) _____

\$ <u>599.73</u>	\$ <u>0.00</u>
\$ <u>167.29</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <u>767.02</u>	\$ <u>0.00</u>
\$ 2,382.23	\$ 0.00

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm (attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

Social security or other government assistance

(Specify) _____

\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

Pension or retirement income

Other monthly income

(Specify) Spouse's income

\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

\$ <u>0.00</u>	\$ <u>867.00</u>
\$ 0.00	\$ 0.00

TOTAL MONTHLY INCOME

\$ 2,382.23	\$ 867.00
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TOTAL COMBINED MONTHLY INCOME

\$ 3,249.23

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

In re **DANIEL P HOLMES**

Case No. 04-05818 JEE

Debtor(s)

**SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) -
AMENDED**

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)		\$ <u>609.00</u>
Are real estate taxes included?		Yes <u> </u> No <u> X </u>
Is property insurance included?		Yes <u> </u> No <u> X </u>
Utilities:	Electricity and heating fuel	\$ <u>200.00</u>
	Water and sewer	\$ <u>75.00</u>
	Telephone	\$ <u>80.00</u>
	Other <u> internet/pest control </u>	\$ <u>55.00</u>
Home maintenance (repairs and upkeep)		\$ <u>25.00</u>
Food		\$ <u>400.00</u>
Clothing		\$ <u>125.00</u>
Laundry and dry cleaning		\$ <u>25.00</u>
Medical and dental expenses		\$ <u>250.00</u>
Transportation (not including car payments)		\$ <u>400.00</u>
Recreation, clubs and entertainment, newspapers, magazines, etc.		\$ <u>100.00</u>
Charitable contributions		\$ <u>15.00</u>
Insurance (not deducted from wages or included in home mortgage payments)		
	Homeowner's or renter's	\$ <u>0.00</u>
	Life	\$ <u>0.00</u>
	Health	\$ <u>0.00</u>
	Auto	\$ <u>127.67</u>
	Other	\$ <u>0.00</u>
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u> </u>		\$ <u>0.00</u>
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.)		
	Auto	\$ <u>500.00</u>
	Other <u> Wife's installment payments </u>	\$ <u>305.00</u>
	Other	\$ <u>0.00</u>
	Other	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others		\$ <u>0.00</u>
Payments for support of additional dependents not living at your home		\$ <u>0.00</u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$ <u>0.00</u>
Other <u> HAIRCUTS & OUT OF POCKET EXPENSES </u>		\$ <u>50.00</u>
Other		\$ <u>0.00</u>
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)		\$ <u>3,341.67</u>

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

- A. Total projected monthly income
- B. Total projected monthly expenses
- C. Excess income (A minus B)
- D. Total amount to be paid into plan each

(interval)

\$ _____ N/A
\$ _____ N/A
\$ _____ N/A
\$ _____ N/A

United States Bankruptcy Court
Southern District of Mississippi

In re DANIEL P HOLMES

Debtor(s)

Case No. 04-05818 JEE
Chapter 7

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 15 sheets [*total shown on summary page plus 1*], and that they are true and correct to the best of my knowledge, information, and belief.

Date June 27, 2006

Signature /s/ DANIEL P HOLMES
DANIEL P HOLMES
 Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Southern District of MississippiIn re DANIEL P HOLMES

Debtor(s)

Case No. 04-05818 JEE
Chapter 7**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION - AMENDED**

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:

a. Property to Be Surrendered.

Description of Property	Creditor's name
2001 FORD F-150	MERCHANTS & FARMERS BANK

*b. Property to Be Retained**[Check any applicable statement.]*

Description of Property -NONE-	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
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Date June 27, 2006Signature /s/ DANIEL P HOLMES
DANIEL P HOLMES
Debtor

**United States Bankruptcy Court
Southern District of Mississippi**

In re DANIEL P HOLMES

Debtor(s)

Case No. **04-05818 JEE**
Chapter **7**

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: June 27, 2006

/s/ DANIEL P HOLMES

DANIEL P HOLMES

Signature of Debtor

HOLMES, DANIEL - 04-05818 JEE

DANIEL P HOLMES
PO BOX 7102
MCCOMB MS 39649

MAGAZINE FULFILLMENT CTR
PO BOX 434
BRIDGEVILLE PA 15017

BARNEY E. EATON
HOLADAY, YODER, MOOREHEAD & EATON BOX 1520
P.O. BOX 23759
JACKSON, MS 39225-3759

MERCHANTS & FARMERS BANK
KOSCIUSKO MS 39090

**HEALTHCARE BILLING
P.O. BOX 1081
MONROE LA 71210-1081

MERCHANTS & FARMERS BANK
% HENLEY LOTTERHOS HENLEY
PO BOX 389
JACKSON MS 39205

**MEDLIFE EMS
1917 E. MADISON AVE.
BASTROP LA 71220-4069

PACIFIC PHYSICIANS SVC

**RADIOLOGY ASSOCIATES
1601 LAMY LANE
MONROE LA 71201-3735

PARVEEN ATHAR MD
730 RIDGEWOOD RD STE B
RIDGEFIELD MS 39157

**ST. FRANCIS EMERGENCY GROUP
900 OAKMONT LANE, SUITE 200
WESTMONT IL 60559

PROVIDIAN % ARROW FINANCIAL
5996 W TOUHY AVE
NILES IL 60714

AMERICAN EXPRESS
% NCO GROUP
PO BOX 41747
PHILADELPHIA PA 19101

RUTH FREDRICKS MD
1020 RIVER OAKS DR
FLOWOOD MS 39208

CINGULAR WIRELESS
% NCO FINANCIAL SYSTEMS
PO BOX 41457
PHILADELPHIA PA 19101-1457

SOUTHERN DIAGNOSTIC IMAGING
1037 N FLOWOOD DR
FLOWOOD MS 39232

HOUSEHOLD BANK/BEST BUY
PO BOX 81622
SALINAS CA 93912-1622